

Child and Adult Care Food Program

Income Eligibility Guidance for

Child Care Centers



July 2013

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
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**CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDANCE FOR CHILD CARE CENTERS**

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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The Statement implementation date is May 24, 2013.

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General Information

Meal reimbursement to child care centers is based upon the claiming category of each child participating at the center. The claiming category is determined by obtaining family size and household income data from parents or legal guardians of the child(ren) and comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the child is classified as free, reduced, or paid.

Important points to remember are:

1. An Income Eligibility Form (IEF) must be on file at the center for **each** child claimed for free and reduced-price meals (including Family Support Division Title XX vendor children). If a parent or legal guardian does not choose to complete the income eligibility form, then the child **must** be claimed in the paid category.
2. The IEF for each child is effective for one year. Each year the parent or guardian must complete a new IEF. Do not use *White-Out* or change a date or reuse a completed form.
3. If the parent or guardian completes the IEF before the actual date of enrollment, the center should collect a new IEF from the parent or guardian if more than two months have lapsed. For example, Johnny Jones' parents completed the IEF in January 2013. However, Johnny did not enroll and start attending the center until May 2013. A new IEF must be completed for Johnny at the time he actually started attending the center since more than two months lapsed between the completion of the form and the actual enrollment date.
4. The center must review, sign, and date the IEF as soon as it is received from the parent. Failure to do so will result in the reclassification of the child from the free or reduced category to the paid category.
5. The parent letter on page 6 and the instructions on page 7 of this booklet must be given to the parent with the IEF on page 12. The center may copy the instructions on the back of the letter. The letter and the instructions outline the required information needed for completing the form. This letter is updated each year. Be sure to use the most current parent letter with the IEF. Pricing programs (centers that charge a separate fee for meals) do not use this parent letter. Contact the CACFP office at 800-733-6251 for a copy of the pricing letter or go to:
<http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/lawsregs.php>

The United States Department of Agriculture (USDA) updates the income eligibility guidelines yearly. When reviewing the IEFs, use the most current income guidelines.

6. Once approved for free or reduced meal benefits, a child is eligible for those benefits for one full year after the IEF has been signed and dated by the center, regardless of changes in income or household size that may occur throughout the year. Centers may not re-

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evaluate IEFs when new income guidelines are issued in July of each year. For example, if a parent completes an IEF in January 2013, eligibility will be based on income guidelines issued in July 2012. When the new income guidelines are issued in July 2013, the center may not re-evaluate the IEF completed in January 2013 using the new income guidelines. The eligibility must continue to be based on the income guidelines in effect at the time the form was initially completed and reviewed.

7. If, during a monitoring review, it is found that children were incorrectly classified, or the IEF has expired, the center will have to pay money back to the Child and Adult Care Food Program. Therefore, it is very important that you review the IEFs carefully.
8. A foster child, whose care and placement is the responsibility of the State child welfare agency or who is placed by a court with a caretaker household is eligible for free meal benefits without completing an IEF, if the child care center obtains documentation verifying that the child's placement in the household is the responsibility of the State or court. The eligibility of foster children applies only to children formally placed by a State child welfare agency or court. It does not apply to informal arrangements that may exist outside of State or court based systems.

Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income* earned by the foster child, on the same household application that includes their non-foster children. This may help the foster family's non-foster children qualify for free or reduced price meals based on household size and income. The Bureau of Community Food and Nutrition Assistance will certify the foster child for free meals (with appropriate supporting documentation as described above) and will then make an eligibility determination for the remainder of the household based on the household's income. As before, foster payments received by the family from the State child welfare agency is not considered income and does not need to be reported on the IEF.

*Personal income for foster children is defined as:

1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.
9. If application is being made for an adopted (foster) child, the child is no longer considered a foster child. The child is considered the child of the adoptive parents as if born to the parents biologically after the adoption is final. The family may continue to receive adoption assistance, but these funds must be listed as part of the household income. An adopted child is not categorically eligible for free reimbursement and must have a completed IEF for the household unit.

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10. Child Living with One Parent, Relative, or Friends - In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives, or friends of the family, the child is considered to be a member of the household with whom she/he resides. Children of divorced or separated parents are generally part of the household that has custody.
11. Joint Custody - When joint custody has been awarded and the child physically changes residence, the child is considered part of the household where she/he resides. In these situations, if both parents apply for benefits at the same child care for the child, and different eligibility statuses result, the greatest benefit level is used. For example, if the mother's situation results in eligibility for free meals but the father's application does not qualify for free or reduced meal rates, the child would receive free meals regardless of which parent had custody at the time.
12. Income information must be kept confidential.
13. The IEFs must be kept for three full years plus the current contract year after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept as long as necessary to resolve the issues raised by the audit.

Head Start and Early Head Start Centers Only

All children enrolled in Head Start, funded by the U.S. Department of Health and Human Services Head Start grant award, are automatically eligible for free meal reimbursement in the CACFP. The Head Start agency is not required to collect, or maintain on file, an IEF for children who are enrolled in Head Start. The Head Start agency must have documentation available to substantiate the child's eligibility for Head Start.

In accordance with The Improving Head Start for School Readiness Act of 2007 (Public Law 110-134) any child enrolled in a Head Start is automatically eligible for free meals without further application or eligibility determinations (CACFP Memorandum 07-2008).

Head Start Children in Private Centers

Children who are enrolled in Head Start, but placed in contracted Head Start and independent child care centers are automatically eligible for free meals. The independent center must obtain an official list of Head Start children from the Head Start administrative office and use that list as documentation of automatic eligibility.

Even Start Programs Only

Children participating in an Even Start Family Literacy Program are categorically eligible for free meal benefits. This means they can be claimed for free meal benefits without obtaining household income documentation from the parent(s) or guardian(s) of the child. In order for the Even Start child to be eligible for free meals, however, the following criteria must be met:

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1. The school or institution that is providing the child with Even Start services must be participating in the CACFP.
2. The child must be enrolled as a participant in a federally-funded Even Start Family Literacy Program.
3. The child must be at the pre-kindergarten level. Once a child has entered kindergarten, that child loses his or her categorical eligibility for free meals. Also, categorical eligibility does not apply to other family members.

To establish categorical eligibility for Even Start children, the child care facility must document the child's participation in the federally-funded Even Start Program. Documentation can include:

- An approved Even Start application for the child's family; or
- A statement of enrollment in Even Start; or
- A roster of the children participating in Even Start.

Confirmation that the child has not yet entered kindergarten must also be included in the documentation from the Even Start official.

When a child is no longer eligible for free meals under the Even Start Program, the child's family must be given the opportunity to apply for free and reduced price meals using the application materials and IEF provided in this packet. The child care facility is responsible for providing the family with instructions on how to apply for free or reduced meal benefits.

Pricing Programs Only

An institution is operating a pricing program if a separate identifiable charge is made for meals served to enrolled participants. Federal regulations require that the participant letter contain certain information. A sample letter to the participant for pricing institutions is available upon request from the Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance or at:

<http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/lawsregs.php>

Child and Adult Care Food Program
Parent Letter – Non-Pricing Child Care Centers
July 1, 2013 through June 30, 2014

Sample/Required

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$21,257	5	\$51,005
2	\$28,694	6	\$58,442
3	\$36,131	7	\$65,879
4	\$43,568	8	\$73,316
For each additional Family Member, add			+\$7,437

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.

Sincerely,

Center owner/director

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children that you are applying to enroll in the child care.
- List each child's birth date.
- If you are applying for a foster child, the foster child is eligible for free meals regardless of household income, and you do not need to complete the IEF. Talk to the child care center director regarding documentation of a foster child's eligibility.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you have a SNAP or Temporary Assistance case number for at least one of your children enrolled at the center the eligibility extends to all of your children enrolled at the center. You do not need to complete Part 2.
- If you do not participate in SNAP or TANF you must complete all sections of the form including Part 1, 2, 3, 4.

PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case number for SNAP or TANF is provided in Part 1.

- List all members of the household not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and before other deductions.
- Income Exclusions not to be reported or counted include:
 1. Payments received for the care of foster children.
 2. Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
 3. Loans, such as bank or student loans, since these funds are only temporarily available and must be repaid.

PART 3: RACIAL ETHNIC INFORMATION--Completion is Voluntary

PART 4: SIGNATURE

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or SNAP recipient, the adult signing the application must provide the last four digits of his/her social security number.
- If you do not have a social security number, write "none" in the space provided.

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- Failure to provide the last four digits of your social security number, if you have one, will make the income application invalid if the child(ren) is not a SNAP or Temporary Assistance recipient.
- The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes.

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**Instructions for Reviewing the Income Eligibility Form (IEF) and Determining Eligibility
for Free and Reduced Price Meals for Child Care Centers**

1. Each parent/guardian shall be given the parent/guardian letter and an IEF on a yearly basis. If the parent does not return the completed form, the child shall be classified as paid.
2. The IEF shall be reviewed by the authorized center personnel to determine if all parts (1-4) of the application have been completed. The application is not valid if not fully completed by the parent or guardian.
3. Insure that the first and last name and the birth date of the child(ren) enrolled at the center is listed on the IEF. Check in the appropriate box if the child is a foster child.
4. A foster child is the ward of a court or State child welfare agency placed in residence in a private household. As such, a foster child is automatically eligible for free meal benefits if the child care center obtains documentation verifying that the child's placement in the household is the responsibility of the State or court. The eligibility of foster children applies only to children formally placed by a State child welfare agency or court. It does not apply to informal arrangements that may exist outside of State or court based systems.
5. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income* earned by the foster child, on the same household application that includes their non-foster children. This may help the foster family's non-foster children qualify for free or reduced price meals based on household size and income. The Bureau of Community Food and Nutrition Assistance will certify the foster child for free meals (with appropriate supporting documentation as described above) and will then make an eligibility determination for the remainder of the household based on the household's income. As before, foster payments received by the family from the State child welfare agency is not considered income and does not need to be reported on the IEF.

*Income for the foster child would include:

- a. Funds received from a welfare agency which can be identified for the personal use of the child. When funds provided by the welfare agency are specified by category, i.e., only those funds that can be identified as personal use funds shall be considered as income. When such funds cannot be identified, no portion of the funds provided by the welfare agency shall be considered as income.
- b. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.
- c. A child who is not legally designated as a foster child by virtue of not being an official ward of the court and/or welfare agency, does not qualify as a "foster child" for the

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purposes of the CACFP (i.e. adopted foster child). Such children are considered part of the entire family economic unit for purposes of determining eligibility in the CACFP.

6. If the parent or guardian checks that the child(ren) are receiving SNAP (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF) and enters the SNAP or Temporary Assistance number, the child(ren) are automatically free and the parent does not need to complete Part 2.
 - a. SNAP (formerly Food Stamp) numbers have the following characteristics: S-xxx-xxxxxxx. The three-digit portion is a county code.
 - b. Temporary Assistance numbers have the following characteristics: C-xxx-xxxxxxx. The three-digit portion is a county code.
 - c. At a minimum, the eight digit portion of the case number must be provided on the IEF for the child to be automatically free. If the full 8-digit number is not provided, the child will be claimed as paid unless Part 2 (Household Income) is completed and the social security number is provided.
7. If the parent or guardian did not report a SNAP (formerly Food Stamp) or TANF (Temporary Assistance) case number, they must complete all entries in Part 2 and Part 4 to determine free or reduced price eligibility.

Check that the parent or guardian listed all other household members including the children listed in Part 1. A household is defined as a group of related or non-related individuals who are not residents of an institution or a boarding house, but who are living together as one economic group.

Check that the parent or guardian listed each household member and indicated gross monthly income by source before any deductions are made. Current income is defined as income received during the month prior to the application. If the prior month's income is not representative of the household's annual rate of income, the household should report projected annual income.

8. Completion of the racial/ethnic category (Part 3) is not mandatory and the failure to complete this information shall not affect the classification of the child.
9. The adult household member completing the IEF must sign Part 4 to certify that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If the adult does not have a social security number, "none" should be written in the space provided. The IEF cannot be approved for free or reduced-price meals unless it is fully completed, signed and dated by the parent/guardian.

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10. The parent/guardian must fully complete the IEF. Center personnel shall complete only the section labeled "For center use only."
11. The center personnel shall determine the child's claiming category by completing the bottom section of the IEF marked "For Center Use Only". **The IEF is effective from the first day of the month that the center representative reviews, signs and dates the form.**
12. Section "For Center Use Only", the center director enters the total household size and total monthly income. Indicate if the eligibility status is based on the household income or Temporary Assistance (formerly AFDC, now funded by TANF) or SNAP (formerly Food Stamp) participation. Check to make sure an 8 digit case number is provided if the child is a SNAP (formerly Food Stamp) or Temporary Assistance recipient. If the child is receiving SNAP (formerly Food Stamp) or Temporary Assistance benefits, the child is automatically eligible for free benefits.
13. Determine claiming status based on the income eligibility guidelines chart on page 13 of this booklet.
14. The child must be claimed in the paid category if:
 - The information given by the parent or guardian is incomplete;
 - The income does not meet income eligibility criteria;
 - The parent or guardian, does not sign and date the form;
 - The last four digits social security number of the person signing the form is missing and the children were not Temporary Assistance or SNAP (formerly Food Stamp) recipients;
 - The IEF has not been signed by authorized center personnel on or prior to the date the child is claimed as free or reduced; or
 - The Temporary Assistance or SNAP (Formerly Food Stamp) number is not a valid 8-digit number.
 - The parent chooses not to disclose their income or complete the IEF.
13. The IEF is effective for a one year period from the first day of the month that the form is signed by the authorized center personnel, to the last day of the month the form is signed the following year.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/>	WHITE <input type="checkbox"/>
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PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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**Child and Adult Care Food Program
INCOME ELIGIBILITY GUIDELINES
July 1, 2013 – June 30, 2014**

Free Meals – 130%

Reduced-Price Meals – 185%

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly		Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	\$14,937	\$1,245	\$623	\$575	\$288		\$21,257	\$1,772	\$886	\$818	\$409
2	20,163	1,681	841	776	388		28,694	2,392	1,196	1,104	552
3	25,389	2,116	1,058	977	489		36,131	3,011	1,506	1,390	695
4	30,615	2,552	1,276	1,178	589		43,568	3,631	1,816	1,676	838
5	35,841	2,987	1,494	1,379	690		51,005	4,251	2,126	1,962	981
6	41,067	3,423	1,712	1,580	790		58,442	4,871	2,436	2,284	1,124
7	46,293	3,858	1,929	1,781	891		65,879	5,490	2,745	2,534	1,267
8	51,519	4,294	2,147	1,982	991		73,316	6,110	3,055	2,820	1,410
For each additional family member, add:	+5,226	+436	+218	+201	+101		+7,437	+620	+310	+287	+144

Note: Only provide the income guidelines for reduced price meals to the parents.